

**Title 20 - Department of Insurance,  
Financial Institutions and  
Professional Registration  
Division 400 - Life, Annuities and Health  
Chapter 11 – Navigators**

**Proposed Rule**

**20 CSR 400-11.100 Navigator Examination and Licensing Procedures and Standards**

*Purpose: This rule prescribes the application process, fees, examination, and initial training for navigators.*

(1) Application and Fees. Application for a navigator license shall include the following, as applicable:

(A) Initial Licensure.

1. Individual navigator.

A. A completed application form, which is set forth as Exhibit 1 of this rule revised July 24, 2013, or any form which substantially comports with the specified form.

B. Twenty-five dollar (\$25) application fee.

2. Entity navigator.

A. A completed application form, which is set forth as Exhibit 2 of this rule revised July 24, 2013, or any form which substantially comports with the specified form.

B. Fifty dollar (\$50) application fee.

C. List of all Missouri-licensed navigators conducting business on behalf of the entity.

(2) Required Examination.

(A) Before an individual may be licensed as a navigator, the applicant must first take and pass an examination testing the individual's knowledge regarding health insurance, health insurance exchanges, and navigator roles and responsibilities. The department may contract with an independent testing service(s) to administer an examination. In order to take the examination, an individual must register and pay an applicable testing fee.

(B) An individual may satisfy the examination requirement by demonstrating achievement of a passing score on any approved certification examination that allows the individual to perform duties identified in 42 U.S.C. §18031(i) or related duties, irrespective of whether the examination is for purposes of serving as a navigator, certified application counselor, in-person assister, or health center outreach and enrollment assistance worker.

(3) Initial Training. Initial training shall be that training which is sufficient to pass the examination referenced in (2) above.

*Authority: section 374.045, RSMo Supp. 2012 and CCS HCS SS SB 262, 97<sup>th</sup> Gen. Assemb. (2013), sections 376.2000 through 376.2014.*

*PUBLIC COST: This proposed rule will cost state agencies or political subdivisions ninety-nine thousand, five hundred and twenty-three dollars (\$99,523) in the aggregate.*

*PRIVATE COST: This proposed rule will cost private entities fourteen thousand, two hundred and fifty dollars (\$14,250) in the aggregate.*

*NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the department of insurance, financial institutions and professional registration, Attention: Amy V. Hoyt, PO Box 690, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. A public hearing is scheduled for 10:00 a.m. on October 4, 2013, at the Harry S Truman State Office Building, Room 850, 301 West High Street, Jefferson City, Missouri.*

*SPECIAL NEEDS: If you have any special needs addressed by the Americans with Disabilities Act, please notify us at (573) 751-2619 at least five (5) working days prior to the hearing.*



MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS  
AND PROFESSIONAL REGISTRATION  
LICENSING SECTION  
**APPLICATION FOR NAVIGATOR LICENSE**

**EXHIBIT 1**

P.O. BOX 690 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
**THIS FORM MAY BE DUPLICATED**

PLEASE PRINT OR TYPE

1. SOCIAL SECURITY NUMBER			2. DATE OF BIRTH												
3. LAST NAME		JR./SR., ETC.		4. FIRST NAME		5. MIDDLE NAME									
6. RESIDENCE/HOME ADDRESS (PHYSICAL STREET)			7. P.O. BOX		8. CITY		9. STATE		10. ZIP CODE		11. COUNTRY				
12. HOME TELEPHONE NUMBER				13. MOBILE TELEPHONE NUMBER				14. PERSONAL EMAIL ADDRESS							
15. GENDER (CHECK ONE) <input type="checkbox"/> Male <input type="checkbox"/> Female		16. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) (IF NO, PLEASE ATTACH DOCUMENTATION THAT PROVES YOUR ELIGIBILITY TO WORK IN THE UNITED STATES) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, of which country are you a citizen?													
17. BUSINESS ENTITY NAME															
18. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)				19. P.O. BOX		20. CITY		21. STATE		22. ZIP CODE		23. COUNTRY			
24. BUSINESS TELEPHONE NUMBER (INCLUDE EXT.)				25. BUSINESS FAX NUMBER				26. BUSINESS E-MAIL ADDRESS				27. BUSINESS WEBSITE ADDRESS			
28. APPLICANT'S MAILING ADDRESS			29. P.O. BOX		30. CITY				31. STATE		32. ZIP CODE		33. COUNTRY		
34. LIST ALL OTHER ASSUMED, FICTITIOUS, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST.															

**BACKGROUND INFORMATION**

35. The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS") or suspended execution of sentence ("SES"), or are you currently charged with committing a crime? ☐ YES ☐ NO

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude misdemeanor juvenile convictions.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.

"Had a judgment withheld or deferred" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration? ☐ YES ☐ NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

**BACKGROUND INFORMATION**

3. Have you failed to pay state or federal income tax? ☐ YES ☐ NO

Have you failed to comply with an administrative or court order directing payment of state or federal income tax? ☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each administrative or court order;
- b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.);
- c) a certified copy of each administrative or court order, judgment, and/or lien; and
- d) a certified copy of the official document which demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).

4. Are you currently a party to, or ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? ☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

5. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ YES ☐ NO

Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ YES ☐ NO

Have you or any business in which you are or were a member or manager of a Limited Liability Company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a navitator license, and
- b) copies of all relevant documents.

6. Do you currently have or have you had a child support obligation? ☐ YES ☐ NO

If you answer yes:

a) are you in arrearage? ☐ YES ☐ NO

b) by how many months are you in arrearage? \_\_\_\_\_ months

c) what is the total amount of your arrearage? \_\_\_\_\_

d) are you currently subject to a repayment agreement to cure the arrearage? ☐ YES ☐ NO

e) are you in compliance with said repayment agreement? ☐ YES ☐ NO

f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.) ☐ YES ☐ NO

g) have you ever been convicted of a misdemeanor or felony for failure to pay child support? ☐ YES ☐ NO

**EMPLOYMENT HISTORY**

36. Account for all time for the past five years. List all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

			FROM		TO		POSITION HELD
			MONTH	YEAR	MONTH	YEAR	
NAME							
CITY	STATE	COUNTRY					
NAME							
CITY	STATE	COUNTRY					
NAME							
CITY	STATE	COUNTRY					
NAME							
CITY	STATE	COUNTRY					

**EXAMINATION REQUIREMENT**

37. Have you successfully passed a written examination relating to the license for which you are applying?

☐ YES ☐ NO

**UPON SUCCESSFUL PASSAGE, PROVIDE DOCUMENTATION TO MO DIFP - INSURANCE.**

**APPLICANT'S CERTIFICATION AND ATTESTATION**

38. The Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company.
3. I further certify under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background Information Question 35.3.
4. I further certify, under penalty of perjury, that a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.

ORIGINAL APPLICANT SIGNATURE

FULL LEGAL NAME (PRINTED OR TYPED)

DATE (MONTH/DAY/YEAR)

**INSTRUCTIONS**

1. All applicants must submit a \$25 application fee in the form of a check or money order, made payable to DIFP - Insurance.
2. Mail completed application to: MO DIFP – Insurance  
P.O. Box 4001  
Jefferson City, MO 65102-4001



MISSOURI DEPARTMENT OF INSURANCE,  
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION  
LICENSING SECTION  
**APPLICATION FOR NAVIGATOR ENTITY LICENSE**

**EXHIBIT 2**

P.O. BOX 690 OR  
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES  
JEFFERSON CITY, MISSOURI 65102  
**THIS FORM MAY BE DUPLICATED**

**PLEASE PRINT OR TYPE**

1. NAVIGATOR ENTITY NAME		2. INCORPORATION/FORMATION DATE (MONTH/DAY/YEAR)		3. FEIN	
4. LIST ALL NAMES UNDER WHICH YOU ARE DOING BUSINESS		5. STATE OF DOMICILE		6. COUNTRY OF DOMICILE	
7. CONTACT NAME					
8. BUSINESS ADDRESS		9. CITY		10. STATE	
				11. ZIP OR FOREIGN COUNTRY	
12. TELEPHONE NUMBER		13. FAX NUMBER		14. BUSINESS WEBSITE ADDRESS	
				15. BUSINESS EMAIL ADDRESS	
16. MAILING ADDRESS		17. P.O. BOX		18. CITY	
				19. STATE	
				20. ZIP OR FOREIGN COUNTRY	

**BACKGROUND INFORMATION**

21. Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the navigator entity or any owner, partner, officer or director ever been convicted of, or is the navigator entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? ☐ YES ☐ NO

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

"Whether or not adjudication was withheld" includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence—sometimes called an "SIS" or "SES").

Unless excluded by the language above, you must disclose convictions that have been expunged.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the navigator entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? ☐ YES ☐ NO

"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.

3. Has the navigator entity or any owner, partner, officer or director ever been notified of any delinquent income tax obligation? ☐ YES ☐ NO

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

4. Is the navigator entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach or fiduciary duty? ☐ YES ☐ NO

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.



**APPLICANT'S CERTIFICATION AND ATTESTATION**

22. The undersigned owner, partner, officer or director of the navigator entity hereby certifies, under penalties of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the navigator entity to civil or criminal penalties.
2. The navigator entity grants permission to the Department to verify any information supplied herein with any federal, state or local government agency.
3. I authorize the Director to give any information concerning the navigator entity or any owner, partner, officer or director, to any federal, state or municipal agency, or any other organization and I release the Director and any person acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I am familiar with the navigator laws and regulations of Missouri.
5. If required, I have received a Certificate of Good Standing from Missouri's Secretary of State.

SIGNATURE

TYPED OR PRINTED NAME

TITLE

SOCIAL SECURITY NUMBER

ADDRESS (CITY, STATE, ZIP CODE)

**NOTARY**

NOTARY PUBLIC EMBOSSER OR  
BLACK INK RUBBER STAMP SEAL

STATE

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

**USE RUBBER STAMP IN CLEAR AREA BELOW.**

NOTARY PUBLIC SIGNATURE

MY COMMISSION  
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

**INSTRUCTIONS**

Application for initial licensure for a navigator entity shall include the following, as applicable:

1. A completed Application for Navigator Entity License.
2. \$50 fee in the form of a check or money order, made payable to DIFP - Insurance.
3. Attach a list of all individual navigators that are employed by or in any manner affiliated with the navigator entity. (Changes to this list shall be reported to the department within twenty days of the change.)
4. Mail completed application packet to:  
MO DIFP – Insurance  
PO Box 4001  
Jefferson City MO 65102-4001